

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="width: 50%;"> SERIAL NO. 10/033247 FILING DATE _____ APPLICATION NO. _____ </div> </div>						
CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51
2						52
3						53
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44						94
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49						
50						100
TOTAL IND.						TOTAL IND.
TOTAL DEP.						TOTAL DEP.
TOTAL CLAIMS						TOTAL CLAIMS

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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PTQ-1360 (3-78)

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